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Facsimile Transmittal

To: Examiner Jeffery A. Brier
Art Unit: 2672

Fax: (571) 273-8300

From: Patrick J.S. Inouye

Date: March 27, 2006

Re: U.S. Patent Application
Serial No. 10/084,401

Pages: __ (including cover sheet)

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Notes: Regarding the above-identified U.S. Patent Application, please find attached hereto:

- USPTO Transmittal Form
- Response to Final Office Action
- Request for Continued Examination
- Petition for Extension of Time (One-month)
- USPTO Fee Transmittal Form
- Credit Card Payment for \$910.00
- Patent Application Fee Determination Record Form

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PTO/SB/21 (09-04)


Approved for use through 07/31/2006. OMB 0851-0031

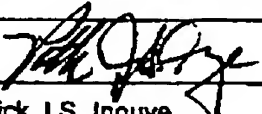
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/084,401
	Filing Date	February 25, 2002
	First Named Inventor	Evans, Lynne Marie
	Art Unit	2672
	Examiner Name	Jeffery A. Brier
Total Number of Pages in This Submission	Attorney Docket Number	013.0226.US.UTL

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance communication to (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request for Continued Examination Facsimile Cover Sheet
Remarks _____		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Law Offices of Patrick J.S. Inouye		
Signature			
Printed name	Patrick J.S. Inouye		
Date	March 27, 2006	Reg. No.	40297

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Signature			
Typed or printed name	Patrick J.S. Inouye	Date	March 27, 2006

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MAR 28 2006

PTO/SB/17 (12-04)

Approved for use through 07/31/2006, OMB 0651-0032

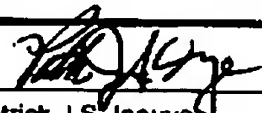
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Effective on 12/8/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005		Complete if Known	
		Application Number	10/084,401
		Filing Date	2/25/2002
		First Named Inventor	Evans
		Examiner Name	Jeffery A. Brier
<input type="checkbox"/> Applicant Claims small entity status. See 37 CFR 1.27		Art Unit	2672
TOTAL AMOUNT OF PAYMENT	(\$)	910.00	Attorney Docket No.
			013.0226.US.UTL

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input type="checkbox"/> Deposit Account Deposit Account Number: 503031 Deposit Account Name: Law Offices of Patrick J.S. Inouye	
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FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES Small Entity		SEARCH FEES Small Entity		EXAMINATION FEES Small Entity		
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							Small Entity
Fee Description							Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent							50
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent							200
Multiple dependent claims							360
Total Claims							Fee (\$)
0 - 20 or HP = 0 x \$50.00 = \$ 0.00							\$360.00
HP = highest number of total claims paid for, if greater than 20							
Indep. Claims							Fee (\$)
0 - 3 or HP = 0 x \$200.00 = \$ 0.00							\$ 0.00
HP = highest number of independent claims paid for, if greater than 3							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets		Extra Sheets		Number of each additional 50 or fraction thereof		Fee (\$)	Fee Paid (\$)
0 - 100 = 0 / 50 = 0 (round up to a whole number) x \$250.00 = \$ 0.00							\$ 0.00
4. OTHER FEE(S)							Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)							
Other: Request for Continued Examination: \$790.00; Extension of Time (one month): \$120.00							910.00

SUBMITTED BY			
Signature		Registration No. 40297 (Attorney/Agent)	Telephone (206) 381-3900
Name (Print/Type)	Patrick J.S. Inouye		Date March 27, 2006

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